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| Fill in this information to identify your case: | | |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | 1: Identify Yourself | | | |
|------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------|---|-----------------------------------------------|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on | Russell | | Kathryn |
| | your government-issued picture identification (for example, your driver's | First name | · | First name |
| | license or passport). | Middle name | · | Middle name |
| | Bring your picture | French, Jr. | | French |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| | All other names you have used in the last 8 years | Russell French | | Kathy French |
| | Include your married or maiden names. | | | · |
| | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8929 | | xxx-xx-5896 |

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Debtor 1 Russell French, Jr. Debtor 2 Kathryn French

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 38 Arlington Dr. | If Debtor 2 lives at a different address: | | |
| | | Diamond, IL 60416 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Grundy | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Debtor 1 Russell French, Jr.

| Deb | otor 2 Kathryn French | Case number (if known) | | | | Case number (if known) | | |
|-----|-------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bankr | uptcy Ca | ase | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ Chapte | er 7 | | | | | |
| | | ☐ Chapte | er 11 | | | | | |
| | | ☐ Chapte | er 12 | | | | | |
| | | ☐ Chapte | er 13 | | | | | |
| 8. | How you will pay the fee | abou orde | ut how your | ou may pay. Typically, if | you are paying the fee y | eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or mone; half, your attorney may pay with a credit card or check with | y | |
| | | | | | | tion, sign and attach the Application for Individuals to Pay | | |
| | | ☐ I red but i | juest tha s not req | uired to, waive your fee | ou may request this option, and may do so only if y | on only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line th | at | |
| | | | | | | in installments). If you choose this option, you must fill out ficial Form 103B) and file it with your petition. | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | _ | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | _ | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | |
| | residence: | ☐ Yes. | Has yo | our landlord obtained ar | eviction judgment agair | nst you? | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Stat</i> this bankruptcy petition | | n Judgment Against You (Form 101A) and file it as part of | | |

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Debtor 1 Russell French, Jr.

| Deb | otor 2 Kathryn French | | | | Case number (if known) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------|----|--|
| | | | | | | | |
| Par | Report About Any Bu | sinesses | You Own | ı as a Sole Proprie | etor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | e and location of bus | siness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, Star | ate & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: | | |
| | | | | Health Care Busin | iness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | al Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | ve | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). | | | a small business debtor, you must attach your most recent balance sheet, statement of | f | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | pter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code | ∍. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or An | ny Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs | | If immed | diate attention is | | | |
| | immediate attention? | | | why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Russell French, Jr.

Debtor 2 Kathryn French Case number (if known)

Part 5: Ex

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-14205 Doc 1 Filed 05/16/18 Entered 05/16/18 08:03:54 Desc Main Document Page 6 of 51

| Debtor 1 Russell French, Jr. Debtor 2 Kathryn French | | | Case number (if known) | | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------|---------------------------------------------------|--|--|
| Par | 6: Answer These Quest | ions for Repo | orting Purposes | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | No. Go to line 16b. | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16c. St | tate the type of debts you owe t | hat are not consumer debts or | business debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. I a | am not filing under Chapter 7. 0 | Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | — res. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative exper are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | are paid that funds will | | No | | | | | |
| be available for distribution to unsecured creditors? | | | l Yes | | | | | |
| 18. | 18. How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | □ 25,00 | 01-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | <u></u> 5001-10,000 | • | 01-100,000 | | |
| | | □ 100-199 □ 200-999 | | 10,001-25,000 | ∟ More | than100,000 | | |
| 19. | How much do you | \$0 - \$50 , | 000 | ☐ \$1,000,001 - \$10 million | □ \$500 | ,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,001 | | □ \$10,000,001 - \$50 millio | | 00,000,001 - \$10 billion | | |
| | | □ \$100,001 □ \$500,001 | | □ \$50,000,001 - \$100 milli □ \$100,000,001 - \$500 mi | | 000,000,001 - \$50 billion than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$50, | 000 | ☐ \$1,000,001 - \$10 million | □ \$500 | ,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | \$50,001 | • • | □ \$10,000,001 - \$50 millio | | 00,000,001 - \$10 billion | | |
| | | □ \$100,001 □ \$500,001 | | □ \$50,000,001 - \$100 milli □ \$100,000,001 - \$500 mil | | 000,000,001 - \$50 billion e than \$50 billion | | |
| Pari | 7: Sign Below | | | | | | | |
| | you | I have evam | ined this netition, and I declare | under penalty of periury that t | he information provide | d is true and correct | | |
| FOI | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, | | | | | | |
| | | United State | es Code. I understand the relief | available under each chapter, | and I choose to proce | ed under Chapter 7. | | |
| | | | torney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ent, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request rel | t relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571 | | | | | |
| | | /s/ Russel | l French, Jr. | | yn French | | | |
| | | Russell Fr Signature of | | Kathryn l Signature o | French of Debtor 2 | | | |
| | | Executed or | May 16, 2018 | Executed of | on May 16, 2018 | | | |
| | | Excounted Of | MM / DD / YYYY | | MM / DD / YYYY | | | |
| | | | | | | | | |

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| Debtor 1 | Bussell French Jr | Document | | | |
|----------|------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 2 | Russell French, Jr Kathryn French | • | | Case nu | umber (if known) |
| | | | | | |
| • | attorney, if you are ed by one | under Chapter 7, 11, 12, or 13 of title 11, Unite | ed States Code, and ha | ave expla | rmed the debtor(s) about eligibility to proceed ained the relief available under each chapter or(s) the notice required by 11 U.S.C. § 342(b) |
| | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | | | |
| | . • | /s/ C. David Ward | Date | | May 16, 2018 |
| | | Signature of Attorney for Debtor | | M | MM / DD / YYYY |
| | | C. David Ward | | | |
| | | Printed name | | | |
| | | C. David Ward | | | |
| | | | | | |
| | | 1234 Douglas Road Oswego, IL 60543 | | | |
| | | Number, Street, City, State & ZIP Code | | | · |

Email address

Contact phone **630-554-3065**

2938065 Illinois IL Bar number & State cdward1945@yahoo.com

| | | Docume | ent Page 8 of 51 | 1 | |
|-----------------------------------------|-------------------------|-------------------|------------------|---|-----------------------|
| Fill in this inforn | nation to identify your | case: | | | |
| Debtor 1 | Russell French, J | Jr. | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Kathryn French | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | ssets |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|
| | | Value o | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 10,995.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 10,995.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 8,393.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 46,553.90 |
| | Your total liabilities | \$ | 54,946.96 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,084.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,444.00 |
| Par | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes 28 LLS C. & 159 | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| | | Document | Page 9 of 51 | |
|----------|---------------------|----------|------------------------|--|
| Debtor 1 | Russell French, Jr. | | 9 | |
| Debtor 2 | Kathryn French | | Case number (if known) | |

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | |
|----|--------------------------------------------------------------------------------------------------------------|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | |

0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|------------------------------------------------------------------------------------------------------------------------------|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$. | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| · · | 430 10 1-1200 I | Document Page 10 | 0 of 51 | Describant |
|------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|
| Fill in this info | rmation to identify your | | | |
| Debtor 1 | Russell French, | lr. | | |
| | First Name | Middle Name Last Name | | |
| Debtor 2 | Kathryn French | | | |
| (Spouse, if filing) | First Name | Middle Name Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number | | | | ☐ Check if this is an amended filing |
| Official F | orm 106A/B | | | |
| _ | le A/B: Prop | erty | | 12/15 |
| hink it fits best. nformation. If ma Answer every qu | Be as complete and accura ore space is needed, attach estion. | e items. List an asset only once. If an asset fits in te as possible. If two married people are filing tog a separate sheet to this form. On the top of any a , Land, or Other Real Estate You Own or Have an | gether, both are equally responsible dditional pages, write your name ar | for supplying correct |
| | | e interest in any residence, building, land, or simil | | |
| _ | | | | |
| No. Go to P | | | | |
| ☐ Yes. Where | e is the property? | | | |
| Part 2: Describ | e Your Vehicles | | | |
| | | | | |
| | | itable interest in any vehicles, whether they e, also report it on Schedule G: Executory Con | | any vehicles you own that |
| | • | , | and onexpired Eddood. | |
| B. Cars, vans, | trucks, tractors, sport ut | ility vehicles, motorcycles | | |
| □ No | | | | |
| ■ Yes | | | | |
| | | | | |
| 3.1 Make: | Chevrolet | Who has an interest in the property? C | heck one | ured claims or exemptions. Put |
| Model: | Sonic | Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| Year: | 2014 | Debtor 2 only | Current value of t | the Current value of the |
| Approxim | ate mileage: 83 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other info | ormation: | At least one of the debtors and anothe | эг | |
| | | ☐ Check if this is community property (see instructions) | \$4,475 | 5.00 \$4,475.00 |
| | | | | |
| . Watercraft, | aircraft, motor homes, A | TVs and other recreational vehicles, other v | ehicles, and accessories | |
| Examples: Bo | pats, trailers, motors, personats, | onal watercraft, fishing vessels, snowmobiles, r | notorcycle accessories | |
| □ No | | | | |
| ■ Yes | | | | |
| ■ Yes | | | | |
| 4.1 Make: | Victorian | Who has an interest in the property? Cl | heck one Do not deduct sec | ured claims or exemptions. Put |
| NA1 - 1. | Mobile Home | Dobtor 1 only | the amount of any | secured claims on Schedule D: |
| Model: Year: | 1986 | Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| r Gai. | 1000 | Debtor 2 only | Current value of t entire property? | the Current value of the portion you own? |
| Other info | ormation: | ■ Debtor 1 and Debtor 2 only□ At least one of the debtors and anothe | • • | portion you own? |
| 33. 1110 | | ☐ Check if this is community property | | 00 \$5,600.00 |

Official Form 106A/B Schedule A/B: Property page 1

(see instructions)

| | | Case 18-2 | L4205 | Doc 1 | Filed 05/16/18 | | /16/18 08:03:54 | Desc Main |
|------|--------------------------|------------------------------------------------------------|--------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|------------------------------------------------------------------------------------|
| | btor 1 | Russell Fren | | | Document | Page 11 of 5 | | |
| De | btor 2 | Kathryn Frei | nch | | | | Case number (if known) | |
| | | | | | for all of your entries to the state of the | | | \$10,075.00 |
| Par | t 3: De | escribe Your Perso | nal and Ho | usehold Item | is | | | |
| Do | you ov | wn or have any l | egal or equ | uitable inter | rest in any of the follo | wing items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| I | <i>Exampl</i> □ No | old goods and f les: Major applian Describe | | | china, kitchenware | | | |
| | — 103. | Describe | Househ | old goods | s and furnishings. | | | \$630.00 |
| I | □ No | les: Televisions a | | | , stereo, and digital equ dia players, games | ipment; computers, p | orinters, scanners; music c | ollections; electronic devices |
| | | | 2 tvs | | | | | \$50.00 |
| | □ No ■ Yes. | other collection | Coin an | nd stamp c | collections. Debtors | | | <u>\$50.00</u> |
| | Exampl | ent for sports and les: Sports, photo musical instru | graphic, ex | | other hobby equipment | ; bicycles, pool tables | s, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | ■ No □ Yes. | Describe | | | | | | |
| | Firearr Examp ■ No | | s, shotguns | s, ammunitio | n, and related equipme | nt | | |
| | Clothe | | othes, furs, | leather coat | ts, designer wear, shoe | s, accessories | | |
| | □ No Î | Describe | , , | | , , | , | | |
| | | | Wearing | g apparel. | | | | \$60.00 |
| | ■ No □ Yes. | ples: Everyday je | welry, costi | ume jewelry, | , engagement rings, we | dding rings, heirloom | jewelry, watches, gems, o | gold, silver |
| ļ | <i>Exam</i> µ ■ No | arm animals ples: Dogs, cats, | oirds, horse | es | | | | |
| | | Describe m 106A/B | | | Schedule A/B: | Property | | page 2 |
| | -iui i 011 | 100/10 | | | Contradic A/D. | | | page 2 |

| Dahta 4 | Case 18-1 | | Doc 1 | Filed 05/16/18 Document | Entered 05/16/18 08:03:54 Page 12 of 51 | Desc Main |
|------------------------|------------------------------------------------|-----------|---------------------------|--------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Debtor 1 Debtor 2 | | | | | Case number (if known) | |
| 14. Any ■ No | • | househo | old items you | ı did not already list, i | ncluding any health aids you did not list | |
| ☐ Ye | s. Give specific info | rmation | | | | |
| | | | | om Part 3, including a | ny entries for pages you have attached | \$790.00 |
| Part 4: | Describe Your Financi | al Assets | | | | |
| Do you | own or have any le | gal or eq | uitable intere | est in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | mples: Money you ha | - | • | ur home, in a safe depo | osit box, and on hand when you file your petit | ion |
| | | | | | Cash | \$30.00 |
| □ No ■ Ye | s | | | Institution r | name: | |
| | | 17.1. | Checking | Chase Ba | ınk | \$100.00 |
| Exa | • | | | ks th brokerage firms, mor | ney market accounts | |
| ■ No □ Ye | S | Ir | nstitution or is | suer name: | | |
| | t venture | ck and in | iterests in in | corporated and uninc | orporated businesses, including an interes | st in an LLC, partnership, and |
| | s. Give specific info | | bout them e of entity: | | % of ownership: | |
| Neg | otiable instruments in -negotiable instrume | nclude pe | rsonal checks | | egotiable instruments missory notes, and money orders. by signing or delivering them. | |
| ☐ Ye | s. Give specific infor | | oout them er name: | | | |
| | | | | (k), 403(b), thrift saving | s accounts, or other pension or profit-sharing | plans |
| ☐ Ye | s. List each account | • | y. account: | Institution r | name: | |
| You | mples: Agreements v | deposits | you have ma | | tinue service or use from a company ctric, gas, water), telecommunications compa | nies, or others |
| | S | | | Institution r | name or individual: | |

Official Form 106A/B Schedule A/B: Property page 3

Entered 05/16/18 08:03:54 Case 18-14205 Doc 1 Filed 05/16/18 Desc Main Document Page 13 of 51 Debtor 1 Russell French, Jr. Debtor 2 Kathryn French Case number (if known) 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements $\hfill \square$ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Protective Life Insurance term life \$0.00 insurance. No cash value. **Transamerica Life Insruance Company** \$0.00 term life insurance. No cash value. 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

| Debtor 1 Debtor 2 | Case 18-142 Russell French, Kathryn French | | oc 1 | Filed 05/16/18 Document | Entered 05/16/18 08:03:54 Page 14 of 51 | Desc Main | |
|------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|------------|-----------------------------------------------------|---------------------------------------------|------------------|--|
| _ | Give specific informa | tion | | | | | |
| | · | | | | | | |
| Exam _p ■ No | | yment disp | | ou have filed a lawsul surance claims, or rights | it or made a demand for payment s to sue | | |
| | | | nime of | ovorv naturo, includin | a countarelaims of the debter and rights to | set off claims | |
| ■ No | Describe each claim. | | aiiiis Oi | every nature, includin | g counterclaims of the debtor and rights to | o set on cialins | |
| - | nancial assets you di | d not alrea | dy list | | | | |
| ■ No □ Yes. | Give specific informa | tion | | | | | |
| | | • | | , , | ny entries for pages you have attached | \$130.00 | |
| Part 5: De | scribe Any Business-R | elated Prope | erty You | Own or Have an Interest | In. List any real estate in Part 1. | | |
| _ | | or equitable i | interest i | n any business-related p | roperty? | | |
| _ | to Part 6. So to line 38. | | | | | | |
| — 163. C | 50 to line 50. | | | | | | |
| | scribe Any Farm- and C ou own or have an intere | | | Related Property You Ow Part 1. | n or Have an Interest In. | | |
| | | gal or equi | table in | terest in any farm- or o | commercial fishing-related property? | | |
| _ | Go to Part 7. Go to line 47. | | | | | | |
| | _ | | | | | | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | | | | | | | |
| | u have other property bles: Season tickets, c | | | | | | |
| Yes. | Give specific informat | ion | | | | | |
| | | | | n schedule B are the le in a liquidation sa | e debtor's/debtors' best estimate of ale. | \$0.00 | |
| | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 Russell French, Jr. Document Page 15 of 51

Debtor 2 Kathryn French Case number (if known)

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$10,075.00 Part 3: Total personal and household items, line 15 \$790.00 57. Part 4: Total financial assets, line 36 58. \$130.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$10,995.00 \$10,995.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$10,995.00

Official Form 106A/B Schedule A/B: Property page 6

| | | 17/7/4/11/11 | 311 1 14(4) 147 (4) 31 | |
|-----------------------------------------|-------------------------|-------------------|------------------------|--------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Russell French, | Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Kathryn French | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Pro | perty You Claim as Exemp |
|--------------------------|--------------------------|
|--------------------------|--------------------------|

| 1. | Which set of e | exemptions are you | claiming? Check one | only, even if your spoi | use is filina with vou |
|----|----------------|--------------------|---------------------|-------------------------|------------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | - | - | | |
|----------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2014 Chevrolet Sonic 83,000 miles Line from Schedule A/B: 3.1 | \$4,475.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| 1986 Victorian Mobile Home Line from Schedule A/B: 4.1 | \$5,600.00 | | \$5,600.00 | 735 ILCS 5/12-901 |
| Line IIIII Schedule AVB. 4.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household goods and furnishings. | \$630.00 | | \$630.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Gonedale A.B. G.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 tvs Line from Schedule A/B: 7.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Genedale Av.B. 111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Coin and stamp collections. Debtors have inquired as to value and have | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| been told that they are basicly worth face value Line from Schedule A/B: 8.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

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| Debtor | 2 Kathryn French | | | Case number (if known) | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|--|
| Brief description of the property and line Schedule A/B that lists this property | | Current value of the Amount of portion you own | | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | earing apparel. | \$60.00 | • | \$60.00 | 735 ILCS 5/12-1001(a) | |
| LII | ie IIIIII <i>Schedule PVB</i> . 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | ash ne from <i>Schedule A/B</i> : 16.1 | \$30.00 | | \$30.00 | 735 ILCS 5/12-1001(b) | |
| LII | ie IIIIII <i>Schedule AVB</i> . 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | hecking: Chase Bank | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | |
| LII | ie IIIIII Schedule AVB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | re you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cove No Yes | 3 years after that for ca | ises fi | • | , | |

| Case | 18-14205 | | nterea ne 18 a | 05/16/18 08: of 51 | 03:54 Desc N | /lain |
|-----------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|--------------------------|-------------------|
| Fill in this informatio | n to identify you | | | | | |
| Debtor 1 R | ussell French | Jr. | | | | |
| | rst Name | Middle Name Last N | ame | | | |
| | athryn French | | | | | |
| (Spouse if, filing) Fir | rst Name | Middle Name Last N | ame | | | |
| United States Bankrup | otcy Court for the | NORTHERN DISTRICT OF ILLINOIS | | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | cif this is an |
| | | | | | amen | ded filing |
| Official Form 10 | neD. | | | | | |
| Official Form 10 | | | _ | | | |
| Schedule D: | Creditors | Who Have Claims Sec | <u>ured</u> | by Propert | У | 12/15 |
| | | If two married people are filing together, both | | | | |
| s needed, copy the Addi number (if known). | itional Page, fill it | out, number the entries, and attach it to this f | orm. On t | he top of any addition | nal pages, write your na | me and case |
| . Do any creditors have | claims secured by | y your property? | | | | |
| ☐ No. Check this | box and submit t | his form to the court with your other schedu | ules. You | have nothing else t | o report on this form. | |
| Yes. Fill in all o | f the information | helow | | · · | · | |
| | cured Claims | bolow. | | | | |
| • | | | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor seps a particular claim, list the other creditors in Part | | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the | claims in alphabeti | cal order according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| Wells Fargo D | ealer | | | | | ĺ |
| Services | | Describe the property that secures the claim | m: _ | \$8,393.00 | \$4,475.00 | \$3,918.00 |
| Creditor's Name | | 2014 Chevrolet Sonic 83,000 miles | 5 | | | |
| Attn: Bankrup | ntev | | | | | |
| Po Box 19657 | | As of the date you file, the claim is: Check all | that | | | |
| Irvine, CA 926 | | apply. ☐ Contingent | | | | |
| Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| , , , , . | , | ☐ Disputed | | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgag | e or secur | red | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, mechanic's | lion) | | | |
| ☐ At least one of the del | • | ☐ Judgment lien from a lawsuit | ileii) | | | |
| ☐ Check if this claim re | | ☐ Other (including a right to offset) | | | | |
| community debt | elates to a | United (including a right to onset) | | | | |
| | Opened | | | | | |
| | 04/14 Last | | | | | |
| | Active | | | | | |
| Date debt was incurred | 1/09/18 | Last 4 digits of account number | 8217 | | | |
| | | | | | | |
| | | | | | | |
| Add the dollar value of | of vour entries in C | olumn A on this page. Write that number here | e: | \$8.39 | 93.00 | |

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$8,393.00

| ` | Jude 10 1-1200 B | Document | Page 19 of 51 | COO MAIN |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Fill in this info | ormation to identify your c | | | |
| Debtor 1 | Russell French, Jr | • | | |
| 20210 | First Name | Middle Name | Last Name | |
| Debtor 2 | Kathryn French | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| Official Fo | rm 106E/F | | | |
| | | ho Have Unsecured | Claims | 12/15 |
| any executory c Schedule G: Exe Schedule D: Cre left. Attach the C | ontracts or unexpired leases t ecutory Contracts and Unexpi editors Who Have Claims Secu | that could result in a claim. Also li red Leases (Official Form 106G). D ıred by Property. If more space is r | Y claims and Part 2 for creditors with NONPRIORITY of st executory contracts on Schedule A/B: Property (Of o not include any creditors with partially secured clai leeded, copy the Part you need, fill it out, number the lort in a Part, do not file that Part. On the top of any ac | ficial Form 106A/B) and on ms that are listed in entries in the boxes on the |
| Part 1: List | t All of Your PRIORITY Uns | secured Claims | | |
| 1. Do any cree | ditors have priority unsecured | I claims against you? | | |
| No. Go t | o Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List | t All of Your NONPRIORIT | Y Unsecured Claims | | |
| 3. Do any cree | ditors have nonpriority unsec | ured claims against you? | | |
| ☐ No. You | have nothing to report in this pa | art. Submit this form to the court with | your other schedules. | |
| Yes. | | | | |
| 4. List all of y unsecured of | claim, list the creditor separately | for each claim. For each claim listed, | e creditor who holds each claim. If a creditor has more identify what type of claim it is. Do not list claims already | included in Part 1. If more |
| than one cre Part 2. | editor holds a particular claim, lis | st the other creditors in Part 3.If you h | ave more than three nonpriority unsecured claims fill out | the Continuation Page of |
| | | | | Total claim |
| 4.1 Alpha | a Recovery Corp. | Last 4 digits of acco | ount number | \$4,890.56 |
| Nonpri | ority Creditor's Name | | | |
| | S. Quentin St. Unit 10 | When was the debt | incurred? | |
| | ewood, CO 80112 er Street City State Zlp Code | As of the date you f | ile, the claim is: Check all that apply | |
| | ncurred the debt? Check one. | , o , o | io, inc claim for Griook all that apply | |
| ☐ Deb | otor 1 only | ☐ Contingent | | |
| | otor 2 only | ■ Unliquidated | | |
| ■ Deb | otor 1 and Debtor 2 only | ☐ Disputed | | |
| _ | east one of the debtors and ano | T (NONDRIOR | ITY unsecured claim: | |
| | eck if this claim is for a comm | — - · · | | |
| debt | claim subject to offset? | ☐ Obligations arisin | g out of a separation agreement or divorce that you did no | ot |
| Is the o | ciaini Subject to onset? | report as priority clair Debts to pension | ns or profit-sharing plans, and other similar debts | |
| ■ No | | | collections for Prosper Funding LLC | |
| ⊔ Yes | • | Other. Specify | onections for Frosper Funding LLC | |

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| | 2 Kathryn French | | Case number (if know) | | | |
|-----|------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|------------|--|--|
| 4.2 | Capital One | Last 4 digits of account number | 8769 | \$4,437.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 02/09 Last Active 6/21/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | Student loans | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.3 | Capital One | Last 4 digits of account number | 3760 | \$3,459.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 10/09 Last Active 7/28/17 | | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | | | |
| | At least one of the debtors and another Check if this claim is for a community | Student loans | a Claim. | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.4 | Capital One | Last 4 digits of account number | 8737 | \$2,289.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 09/14 Last Active 7/28/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | Debtor 2 only | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | | | | |
| | ■ No □ Yes | | | | | |
| | LI TeS | ■ Other. Specify Credit Card | | | | |

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| r 2 Kathryn French | | Case number (if know) | | | | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|--|--|--|--|
| Cardworks/CW Nexus Nonpriority Creditor's Name | Last 4 digits of account number | 6491 | \$3,683.00 | | | | |
| Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 08/11 Last Active 6/23/17 | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| ☐ Debtor 2 only | Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | | | | | |
| ■ No □ Yes | Other. Specify Credit Card | | | | | | |
| | - Other. Specify | • | | | | | |
| Center For Neurological Diseases Nonpriority Creditor's Name | Last 4 digits of account number | | \$220.00 | | | | |
| 2222 Weber Road Crest Hill, IL 60403 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim is: Check all that apply | | | | | | |
| Who incurred the debt? Check one. | _ | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ■ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | | |
| At least one of the debtors and another | | | | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | | | | |
| ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| Yes | Other. Specify Unsecured credit | | | | | | |
| | | | | | | | |
| Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy | Last 4 digits of account number | Opened 07/10 Last Active | \$3,085.00 | | | | |
| Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | 7/07/17 | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| ■ Debtor 2 only | Unliquidated | | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At least one of the debtors and another | | | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| ■ No | Debts to pension or profit-sharing | | | | | | |
| Yes | Other. Specify Credit Card | 1 | | | | | |

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| Debtor 2 | 2 Kathryn French | Case number (if know) | | | | |
|----------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|----------|--|--|
| | Deborah Freeman MD | Last 4 digits of account number \$336.00 | | | | |
| | Nonpriority Creditor's Name 30 Uno Circle | When was the debt incurred? | | | | |
| _ | Joliet, IL 60435-6632 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ■ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify unsecured | credit | | | |
| | Heights Finance Corp | Last 4 digits of account number | 8000 | \$625.00 | | |
| | Nonpriority Creditor's Name | | Opened 40/46 Leat Active | | | |
| | 1145 Essington Rd Joliet, IL 60435 | When was the debt incurred? | Opened 10/16 Last Active 9/14/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Unsecured | | | | |
| 4.1 | Heights Finance Corp | Last 4 digits of account number | 4104 | \$188.00 | | |
| | Nonpriority Creditor's Name | _ | | | | |
| | 1145 Essington Rd Joliet, IL 60435 | When was the debt incurred? | Opened 06/15 Last Active 9/14/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ■ No | | | | | |
| | Yes | Other. Specify unsecured | | | | |

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| Debt | or 2 Kathryn French | Case number (if know) | | | |
|------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|--|--|
| 4.1 | Harris Daniet Cradit Carriage | | ¢700.00 | | |
| 1 | Home Depot Credit Services Nonpriority Creditor's Name PO Box 7032 | Last 4 digits of account number When was the debt incurred? | \$700.00 | | |
| | Sioux Falls, SD 57117-7032 | when was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □ Yes | ■ Other. Specify unsecured credit | | | |
| | 163 | Other. Specify | | | |
| 4.1 | •• | | | | |
| 2 | Menards Nonpriority Creditor's Name | Last 4 digits of account number | Unknown | | |
| | Attn Bankruptcy Dept. | When was the debt incurred? | | | |
| | 90 Christiana Rd. | | | | |
| | New Castle, DE 19720 | _ , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | _ | | | |
| | <u> </u> | Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify unsecured credit | | | |
| 4.1 | Midland Funding LLC | Last 4 digits of account number | \$1,235.60 | | |
| 3 | Nonpriority Creditor's Name | | ψ1,200.00 | | |
| | PO Box 2001 | When was the debt incurred? | | | |
| | Warren, MI 48090-2001 | As of the date way file the plains in Ohead all that such | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | | | | |
| | | ■ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other Specify collections for Citi | | | |
| | 00 | — Outer, Specify | | | |

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| | Kathryn French | Case number (if know) | | |
|----------|------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|
| 1.1 1 | Midwest Respiratory Ltd | Last 4 digits of account number | | \$342.00 |
| | Nonpriority Creditor's Name 10660 W. 143rd St, Suite B Orland Park, IL 60462 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify unsecured | credit | |
| 4.1 5 | OneMain | Last 4 digits of account number | 2611 | \$3,823.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 03/17 Last Active | |
| | 601 Nw 2nd St | When was the debt incurred? | 6/08/17 | |
| | Evansville, IN 47708 Number Street City State Zlp Code | As of the date you file, the claim i | is: Chock all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| | | · | | |
| | Yes | Other. Specify unsecured | credit | |
| 4.1 S | Presence Cancer Care | Last 4 digits of account number | | \$115.60 |
| , | Nonpriority Creditor's Name 2614 W. Jefferson St. | When was the debt incurred? | | |
| | Joliet, IL 60435-6433 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | er chook an marappiy | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | o plans, and other similar debts | |
| | | | | |
| | Yes | Other. Specify unsecured | credit | |

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| 2 Kathryn French | Case number (if know) | | | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|--|--|
| Presence Medical Group | Last 4 digits of account number | | \$3,172.20 | | |
| Nonpriority Creditor's Name Po Box 247 | When was the debt incurred? | Ψο, | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | , | | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| Yes | Other. Specify unsecured | credit | | | |
| Presence Saint Joseph Medical | | | | | |
| Cente | Last 4 digits of account number | | \$3,698.00 | | |
| Nonpriority Creditor's Name 1643 Lewis Ave., Ste 203 Billings, MT 59102-4151 | When was the debt incurred? | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | ☐ Contingent ■ Unliquidated □ Disputed | | | | |
| Debtor 1 only | | | | | |
| ☐ Debtor 2 only | | | | | |
| Debtor 1 and Debtor 2 only | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| Check if this claim is for a community | Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | | | |
| ☐ Yes | Other Specify unsecured | credit | | | |
| Synchrony Bank/Walmart | Last 4 digits of account number | 8034 | \$4,311.00 | | |
| Nonpriority Creditor's Name | Last 4 digits of account number | | φ4,311.00 | | |
| Attn: Bankruptcy Dept Po Box 965060 | When was the debt incurred? | Opened 10/15 Last Active 7/17/17 | | | |
| Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | , | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ■ Unliquidated □ Disputed | | | | |
| Debtor 1 and Debtor 2 only | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| ☐ Yes | ■ Other. Specify Charge Ac | count | | | |

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Debtor 1 Russell French, Jr.

| Debtor 2 Kathryn French | | Case number (if know) | | | | | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------|--|--|--|--|
| 4.2 | The Bureaus Inc | Last 4 digits of account number | 4599 | \$1,348.00 | | | | |
| | Nonpriority Creditor's Name 650 Dundee Rd Suite 370 | When was the debt incurred? | Opened 02/18 | - | | | | |
| | Northbrook, IL 60062 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | • | , | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Debtor 2 only ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | | | | | | | |
| | Yes | ■ Other Specify Collection Attorney Capital One N.A. | | | | | | |
| 4.2 | Wells Fargo Bank | Last 4 digits of account number | 1923 | \$4,596.00 | | | | |
| | Nonpriority Creditor's Name | | | | | | | |
| | Po Box 10438 Macf8235-02f | When was the debt incurred? | Opened 10/16 Last Active 6/23/17 | | | | | |
| | Des Moines, IA 50306 | when was the debt incurred? | 0/23/17 | - | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | | | | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | - | | | | |
| | List Others to Be Notified About a De his page only if you have others to be notified ing to collect from you for a debt you owe to s | about your bankruptcy, for a debt that y | | | | | | |
| have notif | more than one creditor for any of the debts the ied for any debts in Parts 1 or 2, do not fill out | at you listed in Parts 1 or 2, list the addi or submit this page. | tional creditors here. If you do not have ad | | | | | |
| | and Address ric Medical | On which entry in Part 1 or Part 2 did you Line 4.18 of (<i>Check one</i>): | list the original creditor? Part 1: Creditors with Priority Unsecured Clai | imo | | | | |
| | ox 621 | | Part 2: Creditors with Nonpriority Unsecured | | | | | |
| Hinso | dale, IL 60522 | Last 4 digits of account number | r Fait 2. Creditors with Northholity Orisecured | Ciairis | | | | |
| Name a | and Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | | | | | |
| | ind Credit Management | Line 4.7 of (Check one): | Part 1: Creditors with Priority Unsecured Cla | ims | | | | |
| | ox 13105 oke, VA 24031-3105 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| Noaii | ORE, VA 24031-3103 | Last 4 digits of account number | | | | | | |
| | and Address | On which entry in Part 1 or Part 2 did you | 9 | | | | | |
| | ıland Group Inc. ox 390846 | _ | Part 1: Creditors with Priority Unsecured Cla | | | | | |
| _ | eapolis, MN 55439 | - | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| | | Last 4 digits of account number | | | | | | |
| Name a | and Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | | | | | |

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| Debtor 1 Russell French, Jr. Debtor 2 Kathryn French | | Case number (if know) |
|------------------------------------------------------|---------------------------------|-------------------------------------------------------|
| Portfolio Recovery Associates LLC PO Box 12914 | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Norfolk, VA 23541 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | ٦ | Total Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 1 | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 46,553.96 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 46,553.96 |

| | | 12(1)1111: | 111111111111111111111111111111111111111 | |
|------------------------|--------------------------|-------------------|-----------------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Russell French, J | Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Kathryn French | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |
| (ii kilowii) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2.1 | AT & T Mobility P Box 6416 Carol Stream, IL 60197-6416 | Contract for service and phones. |
| 2.2 | Burt Estates 23 Arlington Coal City, IL 60416 | Lease for lot 38 for Mobile Home at 38 Arlington Drive, Diamond, IL |

| | | Docume | ent Page 29 d | <u> </u> | |
|---------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Fill in this in | nformation to identify your | case: | | | |
| Debtor 1 | Russell French, J | lr | | | |
| 200101 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Kathryn French | | | | |
| (Spouse if, filing) |) First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| 0 | | | | | |
| Case number (if known) | er | | | | ☐ Check if this is an |
| , , | | | | | amended filing |
| | | | | | - |
| Official | Form 106H | | | | |
| Schedu | ale H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| ill it out, and our name a | | boxes on the left. Attack . Answer every question | n the Additional Page t i. | to this page. On the top | eeded, copy the Additional Page, of any Additional Pages, write |
| · | ou have any codebiors. (iii | you are ming a joint odoc, | do not not chiner opouce | as a societion. | |
| ■ No □ Yes | | | | | |
| Arizona, | n the last 8 years, have you, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spo | Nevada, New Mexico, Pu | ierto Rico, Texas, Wash | | states and territories include |
| in line 2 Form 10 out Col | 2 again as a codebtor only i 06D), Schedule E/F (Official umn 2. | f that person is a guaran | tor or cosigner. Make | sure you have listed the | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | olumn 1: Your codebtor Ime, Number, Street, City, State and Z | IP Code | | Column 2: The cred Check all schedules | ditor to whom you owe the debt strain that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | ame | | | Schedule E/F, lir | |
| | | | | ☐ Schedule G, line | |
| | | | | | · ——— |
| Nı Ci | umber Street tv | State | ZIP Code | | |
| | | | | | |
| 22 | | | | Польшиль | |
| 3.2 Na | ame | | | _ ☐ Schedule D, line ☐ Schedule E/F, line | |
| | | | | ☐ Schedule E/F, III | |
| _ | | | | — Scriedule G, Ilife | |
| | umber Street | Stato | ZID Codo | | |
| Ci | ıy | State | ZIP Code | | |

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| | in this information to identify your c | | | | | | | | | |
|------|------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|-------------|-------|-----------------|-------------------------|------------|------------------------|----------|
| Dei | otor 1 Russell Fre | nch, Jr. | | | _ | | | | | |
| 1 | otor 2 Kathryn Fre | ench | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| | se number | | | | | | amended | 3 | g postpetition | chaptor |
| _ | | | | | | | | | llowing date: | |
| - | fficial Form 106I | | | | | MM | / DD/ YY | YY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| atta | t 1: Describe Employment Fill in your employment | On the top of any addition | | | | d case num | ber (if kn | nown). A | | |
| | | | ☐ Employed | | | | ☐ Employed | | | |
| | information. If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Not employed | | | _ | ■ Not em | | | |
| | | Occupation | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed the | here? | | | | | | | |
| Pai | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | late you file this form. If | you have nothing to re | eport for | any | line, write \$0 | 0 in the s _l | pace. Inc | lude your no | n-filing |
| • | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine the information | n for all e | emple | oyers for tha | at person | on the lir | nes below. If | you need |
| | | | | | | For Debto | or 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 0. | .00 | \$ | 0.00 | |

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| | otor 1 otor 2 | Russell French, Jr. Kathryn French | _ | C | ase r | number (<i>if known</i>) | | | |
|-----|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|-----------------|----------------------------|------------------|----------------------------|----------|
| | | | | | | Debtor 1 | | Debtor 2 or -filing spouse | |
| | Cop | by line 4 here | 4. | | \$ | 0.00 | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ı | \$ | 0.00 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | <u>*</u> — | 0.00 | \$_ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | | <u>,</u> — | 0.00 | \$_ | 0.00 | |
| | 5e. | Insurance | 5e | ٠. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$_ | 0.00 | |
| | 5g. | Union dues | 5g | ١. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h | .+ | \$ | 0.00 | + \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | : | \$ | 0.00 | \$ | 0.00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | ; | \$ | 0.00 | \$ | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b | | _{\$} — | 0.00 | \$ _ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ \$ | 0.00 | * \$ | 0.00 | |
| | 8d. | | 8d | ١. | \$ | 0.00 | \$_ | 0.00 | |
| | 8e. | Social Security | 8e | ٠. | \$ | 2,084.00 | \$ | 0.00 | |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | e 8f. 8g 8h | ١. | \$ \$ \$ | 0.00 0.00 0.00 | \$ \$ + \$ | 0.00 0.00 0.00 | |
| 9. | Δda | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | — 9. | \$ | | 2,084.00 | \$ | 0.00 | |
| ٥. | , , , , | an one mooner had moo da too too too too tog ton. | o. | L | _ | 2,004.00 | | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 2 | 2,084.00 + \$_ | | 0.00 = \$ 2 | 2,084.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe | | | • | | Schedule J. 11. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | 2,084.00 |
| 13. | . Do | you expect an increase or decrease within the year after you file this form No. | ? | | | | | Combine monthly i | |
| | _ | Yes Explain: | | | | | | | |

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| Fill in this information t | o identify you | ır case: | | | | | | | |
|------------------------------------------------------------------------------|----------------|-----------------|----------------------------------------------------------------------------|-----------------------------------------|-------------|---------|-----------------------------------------|----------------------------------------------|-----|
| Debtor 1 Ru | ssell Frenc | ch. Jr. | | | Ch | eck if | this is: | | |
| | thryn Fren | | | | | A su | | ing postpetition chapt he following date: | er |
| United States Bankruptcy | Court for the: | NORTH | ERN DISTRICT OF ILLIN | OIS | | MM | / DD / YYYY | | |
| | Count for the | | | | | | , , , , , , , , , , , , , , , , , , , , | | |
| (If known) | | | | | | | | | |
| Official Form | 106J | | | | | | | | |
| Schedule J: | Your E | Expen | ses | | | | | 1 | 2/1 |
| | space is nee | ded, atta | If two married people arch another sheet to this another sheet to this and | | | | | | |
| | our House | nold | | | | | | | |
| 1. Is this a joint cas | | | | | | | | | |
| ☐ No. Go to line ☐ Yes. Does De | | a conar | oto housahald? | | | | | | |
| _ | Dioi 2 live li | ı a separ | ate nousenoid: | | | | | | |
| ■ No □ Yes. D | ebtor 2 must | file Officia | al Form 106J-2, <i>Expen</i> ses | for Separate House | ehold of De | ebtor 2 | 2. | | |
| 2. Do you have dep | endents? | ■ No | | | | | | | |
| Do not list Debtor Debtor 2. | 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? | |
| Do not state the dependents name | 26 | | | | | | | □ No | |
| черепчента папте | <i>-</i> 3. | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | | | | □ Yes □ No | |
| | | | | | | | | ☐ Yes | |
| Do your expense expenses of peo yourself and you | ple other th | an $_{\square}$ | No Yes | | | | | | |
| | our Ongoin | | v Fxnenses | | | | | | |
| Estimate your expens | ses as of yo | ur bankrı | ptcy filing date unless y y is filed. If this is a supp | | | | | | |
| the value of such ass | | | government assistance is luded it on <i>Schedule I:</i> Y | | | | Vour ovne | | |
| (Official Form 106l.) | | | | | | | Your expe | :11562 | |
| 4. The rental or hopayments and an | | | ses for your residence. In r lot. | nclude first mortgage | e 4. | \$_ | | 505.00 | |
| If not included in | n line 4: | | | | | | | | |
| 4a. Real estate | e taxes | | | | 4a. | \$ | | 0.00 | |
| | omeowner's, | or renter' | s insurance | | 4b. | | | 0.00 | |
| | | | pkeep expenses | | 4c. | . — | | 0.00 | |
| | | | dominium dues our residence, such as ho | me equity loans | 4d. 5. | | | 0.00 | |

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| Debt Debt | tor 1 tor 2 | Russell I Kathryn | French, Jr. French | Case num | ber (if known) | |
|--------------|----------------|----------------------|-------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------------------|
| 6. | Utilit | ioc. | | | | |
| 0. | 6a. | | , heat, natural gas | 6a. | \$ | 140.00 |
| | 6b. | - | wer, garbage collection | 6b. | | 40.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | | 165.00 |
| | 6d. | Other. Spe | | 6d. | · | 0.00 |
| 7. | | | ekeeping supplies | 7. | · | 400.00 |
| 8. | | | children's education costs | 8. | \$ | 0.00 |
| 9. | - | | lry, and dry cleaning | 9. | \$ | 100.00 |
| | | | products and services | 10. | · | 50.00 |
| | | | ntal expenses | 11. | | 104.00 |
| | | | Include gas, maintenance, bus or train fare. | | Ψ | 104.00 |
| 12. | | | ar payments. | 12. | \$ | 150.00 |
| 13. | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 10.00 |
| | | | tributions and religious donations | 14. | \$ | 0.00 |
| | | rance. | Č | | | <u> </u> |
| | Do no | ot include in | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | | Life insura | | 15a. | \$ | 130.00 |
| | 15b. | Health ins | surance | 15b. | \$ | 185.00 |
| | 15c. | Vehicle ins | surance | 15c. | \$ | 135.00 |
| | 15d. | Other insu | urance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxe | s. Do not in | nclude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Spec | cify: | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | | |
| | 17a. | Car payme | ents for Vehicle 1 | 17a. | · | 330.00 |
| | 17b. | Car payme | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. | Other. Spe | ecify: | 17c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report | | Φ. | 0.00 |
| | | | your pay on line 5, Schedule I, Your Income (Official Form 100 | 6 I). 18. | · | |
| 19. | | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | , | | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 of this form or on S | | | 0.00 |
| | | | s on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | · | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | * | 0.00 |
| | | | ner's association or condominium dues | 20e. | · | 0.00 |
| 21. | Othe | r: Specify: | | 21. | +\$ | 0.00 |
| 22. | Calc | ulate vour i | monthly expenses | | | |
| | | - | through 21. | | \$ | 2.444.00 |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2 | \$ | |
| | | | a and 22b. The result is your monthly expenses. | | \$ | 2,444.00 |
| | 220. / | Add IIIIC ZZ | a and 22b. The result is your monthly expenses. | | Ψ | 2,444.00 |
| 23. | Calc | ulate your i | monthly net income. | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,084.00 |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 2,444.00 |
| | 220 | Cubtroot | your monthly expenses from your monthly income | | | |
| | 230. | | our monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | -360.00 |
| 24. | Do v | OII expect : | an increase or decrease in your expenses within the year afte | r vou file this | s form? | |
| r. | For ex | xample, do yo | ou expect to finish paying for your car loan within the year or do you expect terms of your mortgage? | your mortgage | payment to increase | or decrease because of a |
| | ■ No | 0. | | | | |
| | □ Ye | | Explain here: | | | |
| | | | | | | |

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| Fill in this inform | ation to identify your | case: | | | | |
|---------------------------------|----------------------------------------------|-------------------------|----------------|------------------------------------------------|----------------|-----------------------------------------------------------------|
| Debtor 1 | Russell French, | Jr. | | | | |
| | First Name | Middle Name | Las | t Name | | |
| Debtor 2 (Spouse if, filing) | Kathryn French First Name | Middle Name | Las | t Name | | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRI | ICT OF ILLINO | S | | |
| Case number(if known) | | | | | | ☐ Check if this is an amended filing |
| Official Form Declarati | | an Individu | al Debte | or's Schedu | les | 12/15 |
| | | | | | | |
| If two married peo | ople are filing togethe | r, both are equally res | ponsible for s | upplying correct inform | ation. | |
| obtaining money | | n connection with a ba | | | | nt, concealing property, or r imprisonment for up to 20 |
| Sign | Below | | | | | |
| Did you pay | or agree to pay some | one who is NOT an at | torney to help | you fill out bankruptcy | forms? | |
| ■ No | | | | | | |
| ☐ Yes. Na | ame of person | | | | | cy Petition Preparer's Notice, Signature (Official Form 119) |
| | y of perjury, I declare true and correct. | that I have read the s | ummary and s | chedules filed with this | declaration ar | nd |
| | sell French, Jr. | | X | /s/ Kathryn French | | |
| | French, Jr. e of Debtor 1 | | | Kathryn French Signature of Debtor 2 | | |

Date May 16, 2018

Date May 16, 2018

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| Fill | in this infor | nation to identify you | case: | | | |
|---------------|----------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| Deb | tor 1 | Russell French, | Jr. | | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 | Kathryn French | | | | |
| (Spoi | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Cas (if kn | e number own) | | | | | theck if this is an mended filing |
| | | rm 107 of Financial | Affairs for Indivi | duals Filing for E | Bankruptcy | 4/1€ |
| infor num | mation. If n ber (if know | nore space is needed, n). Answer every ques | attach a separate sheet to stion. | o this form. On the top of an | equally responsible for sup y additional pages, write you | |
| | | | rital Status and Where Yo | u Lived Before | | |
| 1. | What is you | r current marital statu | s? | | | |
| | ■ Married□ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | st all of the places you li | ved in the last 3 years. Do r | not include where you live no | v. | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there |
| | | | | | nity property state or territory | |
| | ■ No □ Yes Ma | aka sura yau fill aut Sak | nedule H: Your Codebtors (C | Official Form 106U) | | |
| | i es. ivi | ake sure you iiii out Scr | ledule 11. Tour Codebiors (C | Jiliciai Folili 10011). | | |
| Par | Expla | in the Sources of You | r Income | | | |
| | Fill in the tot | al amount of income you | u received from all jobs and | ng a business during this y all businesses, including par ve together, list it only once u | | ndar years? |
| | □ No | | | | | |
| | Yes. Fi | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | last calenda nuary 1 to De | ar year: ecember 31, 2017) | ■ Wages, commissions, bonuses, tips | \$18,461.55 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| | 1 2 110 | thryn Fre | | | | se number (if known) | | |
|-----------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| For th (Janu | ne calend ary 1 to | dar year be December | fore that: 31, 2016) | ■ Wages, commissions, bonuses, tips | \$32,000.00 | ☐ Wages, com bonuses, tips | missions, | \$0.00 |
| | | | | ☐ Operating a business | | Operating a | business | |
| In ar wi | iclude ind ind other innings. ist each s | come regard public bene If you are fil | dless of wheth fit payments; ing a joint cas the gross inco | e during this year or the two ter that income is taxable. Ex pensions; rental income; inte te and you have income that time from each source separa | amples of other income are rest; dividends; money colle you received together, list it | alimony; child supp cted from lawsuits; only once under De | royalties; and ebtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | / 1 of curre filed for bar | nt year until nkruptcy: | Social Security Disability | \$6,252.00 | | | |
| Part 3 | re either | r Debtor 1's Neither De individual | s or Debtor 2' ebtor 1 nor D primarily for a | Made Before You Filed for s debts primarily consume lebtor 2 has primarily consi personal, family, or househo | r debts? umer debts. Consumer deb ld purpose." | | | 1(8) as "incurred by an |
| 6. A | re either | Poebtor 1's Neither Do individual During the No. Yes * Subject | s or Debtor 2 ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o | Is debts primarily consume bettor 2 has primarily consume personal, family, or househoute you filed for bankruptcy, do an ach creditor to whom you pareditor. Do not include payment payments to an attorney for the condition of t | r debts? umer debts. Consumer deb ld purpose." id you pay any creditor a tota id a total of \$6,425* or more nts for domestic support obli his bankruptcy case. s after that for cases filed or umer debts. | al of \$6,425* or moning in one or more pay gations, such as character the date o | re? vments and the ild support a f adjustment. | he total amount you and alimony. Also, do |
| 6. A | re either | Poebtor 1's Neither Do individual During the No. Yes * Subject | s or Debtor 2 ebtor 1 nor D primarily for a 90 days before Go to line 7 List below expaid that condition to adjustment or Debtor 2 or 90 days before Go to line 7 List below exinclude pay | Is debts primarily consume bettor 2 has primarily consume personal, family, or househouse you filed for bankruptcy, do a consumer you filed for bankruptcy, do a consumer you family and every 3 years on 4/01/19 and every 3 years on you filed for bankruptcy, do a consumer you filed for bankruptcy. | r debts? umer debts. Consumer deb ld purpose." id you pay any creditor a tota id a total of \$6,425* or more nts for domestic support obli his bankruptcy case. is after that for cases filed or umer debts. id you pay any creditor a total id a total of \$600 or more an | in one or more pay gations, such as che or after the date or all of \$600 or more? | re? ments and the support and | he total amount you and alimony. Also, do |
| 6. A | re either No. | Poebtor 1's Neither Deindividual During the No. Yes * Subject Debtor 1 of During the | s or Debtor 2 ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cri not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay attorney for | Is debts primarily consume bettor 2 has primarily consume personal, family, or househouse you filed for bankruptcy, do an action to whom you pareditor. Do not include payment payments to an attorney for to an attorney for to an attorney for to the condition of | r debts? umer debts. Consumer deb ld purpose." id you pay any creditor a tota id a total of \$6,425* or more nts for domestic support obli his bankruptcy case. is after that for cases filed or umer debts. id you pay any creditor a tota id a total of \$600 or more an ibligations, such as child sup | in one or more pay gations, such as che or after the date or all of \$600 or more? | re? ments and the support and the support and support | he total amount you and alimony. Also, do |
| 6. A | re either No. Yes. Creditor' Vithin 1 yasiders in f which yu | Pebtor 1's Neither Deindividual During the No. Yes * Subject Debtor 1 of During the No. Yes | s or Debtor 2 ebtor 1 nor D primarily for a 90 days before Go to line 7 List below expaid that connot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below exincled pay attorney for d Address you filed for relatives; any fficer, director | Is debts primarily consume bettor 2 has primarily consume personal, family, or househoute you filed for bankruptcy, do a cach creditor to whom you pareditor. Do not include payment and attorney for the condition of the conditio | r debts? umer debts. Consumer deb ild purpose." id you pay any creditor a tota id a total of \$6,425* or more ints for domestic support oblithis bankruptcy case. is after that for cases filed or immer debts. id you pay any creditor a tota id a total of \$600 or more an ibligations, such as child sup int Total amount paid a payment on a debt you of any general partners; partner of 20% or more of their votin | al of \$6,425* or more pay gations, such as change of a few pays of the total amount point and alimony. A mount you still owe owed anyone who erships of which yog securities; and ar | re? rments and the support and support an | the total amount you and alimony. Also, do alimony. Also, derection agent, including one for agent, including one for agent, including one for agent, including one for all alimony. |
| 6. A | re either No. Yes. Creditor' Vithin 1 yesiders in f which ye business imony. No | Puring the No. Yes * Subject Debtor 1 or During the Yes * Subject Debtor 1 or During the Yes S Name and Yes year before include your rou are an of s you operate | s or Debtor 2 ebtor 1 nor D primarily for a 90 days before Go to line 7 List below expaid that connot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below exincled pay attorney for d Address you filed for relatives; any fficer, director | re you filed for bankruptcy, deditor. Do not include payments to an attorney for to a 4/01/19 and every 3 year re you filed for bankruptcy, dresch creditor to whom you pageditor. Do not include payments to an attorney for to an 4/01/19 and every 3 year re you filed for bankruptcy, dresch creditor to whom you paged to this bankruptcy case. Dates of payments of payments for domestic support of this bankruptcy, did you make general partners; relatives of person in control, or owner coprietor. 11 U.S.C. § 101. Incompression of the proprietor. 11 U.S.C. § 101. Incompression of the proprietor. | r debts? umer debts. Consumer deb ild purpose." id you pay any creditor a tota id a total of \$6,425* or more ints for domestic support oblithis bankruptcy case. is after that for cases filed or immer debts. id you pay any creditor a tota id a total of \$600 or more an ibligations, such as child sup int Total amount paid a payment on a debt you of any general partners; partner of 20% or more of their votin | al of \$6,425* or more pay gations, such as change of a few pays of the total amount point and alimony. A mount you still owe owed anyone who erships of which yog securities; and ar | re? rments and the support and support an | the total amount you and alimony. Also, do alimony. Also, derection agent, including one for agent, including one for agent, including one for agent, including one for all alimony. |

Debtor 1

page 2

Entered 05/16/18 08:03:54 Case 18-14205 Doc 1 Filed 05/16/18 Desc Main Page 37 of 51 Document Debtor 1 Russell French, Jr. Debtor 2 Kathryn French Case number (if known) insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)

Describe what you contributed

Dates you contributed Value

Case 18-14205 Doc 1 Filed 05/16/18 Entered 05/16/18 08:03:54 Desc Main Page 38 of 51 Document Debtor 1 Russell French, Jr. Debtor 2 **Kathryn French** Case number (if known) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 3-26-18 \$20.00 Springboard Nonprofit Consumer Credit Management, Inc. 4351 Latham Street Riverside, CA 92501 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Description and value of the property transferred

Yes. Fill in the details.

Name of trust

beneficiary? (These are often called asset-protection devices.)

Date Transfer was

made

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Debtor 1 Russell French, Jr. Debtor 2 Kathryn French

Case number (if known)

| Pai | t 8: List of Certain Financial Accounts, In | nstruments, Safe Depos | it Boxes, and Sto | orage Units | s | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|-------------|------------------------------------------------------|-----------------------------------------------|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | ınt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | or bankruptcy, an | ny safe dep | osit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe t | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit No | or place other than you | ır home within 1 | year befor | e you filed for bankruptc | y? |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control | ol for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Inc | lude any propert | y you borr | owed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe t | the property | Value |
| Pai | t 10: Give Details About Environmental In | formation | | | | |
| For | the purpose of Part 10, the following definit | tions apply: | | | | |
| | Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes | the air, land, soil, surfa | ce water, ground | | | |
| | Site means any location, facility, or proper to own, operate, or utilize it, including disp | - | environmental la | aw, whethe | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an en hazardous material, pollutant, contaminan | | as a hazardous | waste, haz | zardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings the | hat you know about, reç | gardless of when | they occu | rred. | |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | _ | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental u Address (Number, ZIP Code) | nit Street, City, State and | | nmental law, if you it | Date of notice |

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|-------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|---------|---------------------------------------------------------------|--------------------|
| | otor 1 | • | Documer | nt Page 40 | | | |
| Det | otor 2 | Kathryn French | | | Cas | se number (if known) | |
| 25. | Hav | e you notified any governmental unit of | any release of ha | azardous material? | | | |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governme Address (N ZIP Code) | ntal unit umber, Street, City, State a | ınd | Environmental law, if you know it | Date of notice |
| 26. | Hav | e you been a party in any judicial or adn | ninistrative proce | eeding under any en | vironn | nental law? Include settlements | and orders. |
| | | No Yes. Fill in the details. | | | | | |
| | | se Title se Number | Court or as Name Address (N State and ZIP | umber, Street, City, | Nat | ture of the case | Status of the case |
| Par | t 11: | Give Details About Your Business or | Connections to A | Any Business | | | |
| | | nin 4 years before you filed for bankrupt | | | any of | the following connections to an | v husiness? |
| | ***** | ☐ A sole proprietor or self-employed i | | | - | _ | y buomess. |
| | | ☐ A member of a limited liability comp | • • | | • | • | |
| | | ☐ A partner in a partnership | | | | • | |
| | | ☐ An officer, director, or managing ex | ecutive of a corp | oration | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | |
| | | Yes. Check all that apply above and fill in the details below for each business. | | | | | |
| | | siness Name dress | Describe the na | ture of the business | 6 | Employer Identification number Do not include Social Security | |
| | | nber, Street, City, State and ZIP Code) | Name of accoun | ntant or bookkeeper | | Dates business existed | number of Tries. |
| 28. | | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. No Yes. Fill in the details below. | cy, did you give | a financial statemen | t to an | | lude all financial |
| | - Nai | | Date Issued | | | | |
| | | dress nber, Street, City, State and ZIP Code) | | | | | |
| Par | t 12: | Sign Below | | | | | |
| are t | rue a | ad the answers on this <i>Statement of Fin</i> and correct. I understand that making a Inkruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | false statement, | concealing property | , or ol | btaining money or property by fi | |
| | | sell French, Jr. | | hryn French | | | |
| | | l French, Jr. re of Debtor 1 | | n French are of Debtor 2 | | | |
| Dat | e <u>r</u> | May 16, 2018 | Date | May 16, 2018 | | | |
| ■ N | lo | attach additional pages to Your Stateme | ent of Financial A | ffairs for Individuals | Filing | g for Bankruptcy (Official Form 1 | 107)? |
| ПΥ | es | | | | | | |
| Did : | | pay or agree to pay someone who is not | an attorney to h | elp you fill out bank | ruptcy | forms? | |
| | - | Name of Person Attach the Bankru | ptcy Petition Prep | arer's Notice, Declara | tion, a | nd Signature (Official Form 119). | |
| | | | | airs for Individuals Fili | | | page 6 |

page 6

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Debtor 1 Russell French, Jr.
Debtor 2 Kathryn French

Case number (if known)

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| Fill in this inform | ation to identify your | case: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Debtor 1 | Russell French, J | r. | | |
| Debtor 2 (Spouse if, filing) | First Name Kathryn French First Name | Middle Name Middle Name | Last Name Last Name | |
| United States Ban | kruptcy Court for the: | NORTHERN DIST | TRICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official For | m 108 | | | |
| | | n for Indiv | riduals Filing Under Chapte | er 7 12/15 |
| If you are an indiv | idual filing under cha | oter 7, you must fil | l out this form if: | |
| _ | claims secured by yo | | | |
| You must file this | er is earlier, unless th | ithin 30 days after | ot expired. you file your bankruptcy petition or by the date se e time for cause. You must also send copies to the | |
| | pple are filing together | in a joint case, bo | th are equally responsible for supplying correct in | formation. Both debtors must |
| | nd accurate as possib ur name and case nun | | needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List You | ur Creditors Who Have | e Secured Claims | | |
| | | art 1 of Schedule D | : Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| information belonged information belonging the creeking the creeking in the creeking the creeking and the creeking the cre | ow. ditor and the property the | nat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's W e name: | ells Fargo Dealer Se | ervices | ☐ Surrender the property. | □ No |
| | 2014 Chevrolet So | nic 83,000 | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property securing debt: | miles | | Retain the property and [explain]: continue payments | |
| David History | | . D | | |
| For any unexpired in the information | below. Do not list rea | ase that you listed I estate leases. Un | in Schedule G: Executory Contracts and Unexpire expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(| e lease period has not yet ended. |
| | | | the trustee does not assume it. 11 0.3.6. § 303(p)(| |
| Describe your un | expired personal prop | perty leases | | Will the lease be assumed? |
| Lessor's name: | AT & T Mobilit | у | | □ No |
| | | | | ■ Yes |
| Description of leas Property: | ed Contract for se | ervice and phone | 9 \$. | |
| Lessor's name: | Burt Estates | | | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Deb | otor 1 K | ussell French, Jr. | |
|-----|-----------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Deb | otor 2 K | athryn French | Case number (if known) |
| | | | |
| | | | ■ Yes |
| | scription o perty: | f leased Lease for lot 38 for Mok | le Home at 38 Arlington Drive, Diamond, IL |
| Par | t 3: Siç | gn Below | |
| | | y of perjury, I declare that I have indi- is subject to an unexpired lease. | ated my intention about any property of my estate that secures a debt and any personal |
| Χ | /s/ Rus | sell French, Jr. | X /s/ Kathryn French |
| | Russe | ll French, Jr. | Kathryn French |
| | Signatu | re of Debtor 1 | Signature of Debtor 2 |
| | Date | May 16, 2018 | Date May 16, 2018 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-14205 Doc 1 Filed 05/16/18 Entered 05/16/18 08:03:54 Desc Main Document Page 48 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | Russell French, Jr. | | Case No. | | | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|----------------|--|--|
| 111 1 | re Kathryn French | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMI | PENSATION OF ATTO | DNEV FOR DI | TRTOR(S) | | | |
| 1 | | | | ` , | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplating | filing of the petition in bankruptcy | , or agreed to be paid | to me, for services re | | | |
| | | | | 0.00 | | | |
| | Prior to the filing of this statement I have receive | /ed | | 0.00 | | | |
| | Balance Due | | | 0.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed co | ompensation with any other person | unless they are mem | bers and associates o | f my law firm. | | |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | aw firm. A | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| | a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applications of the secured creditors of the secured creditors reaffirmation agreements and applications. | statement of affairs and plan which editors and confirmation hearing, a to reduce to market value; ex ations as needed; preparation | h may be required; nd any adjourned hea emption planning; | rings thereof; | iling of | | |
| 6. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in disc | | | ings. | | | |
| | | CERTIFICATION | | | | | |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding. | f any agreement or arrangement for | r payment to me for r | epresentation of the c | ebtor(s) in | | |
| ľ | May 16, 2018 | /s/ C. David Ward | t | | | | |
| 1 | Date | C. David Ward Signature of Attorno C. David Ward 1234 Douglas Ro Oswego, IL 6054 630-554-3065 Fa | oad 3 ax: 630-551-7131 | | | | |

Name of law firm

CHAPTER 7 BANKRUPTCY RETAINER AGREEMENT

You have asked our firm to act as your attorneys. This agreement sets forth the terms under which we will represent you and shall become effective as soon as it is signed by both of us and we are paid as set forth herein. We reserve the right to terminate our attorney client relationship for non-payment of fees or costs and or the failure to provide the documents requests in a timely fashion. We do not advance any costs or expenses

I. <u>COSTS AND EXPENSES</u>. The following are the anticipated costs and expenses which may be incurred in your case: The case can not be filed without these fees being paid.

A. COURT COSTS: Initial filing fee to clerk of court

B. CREDIT REPORT: \$33.00 / \$66.00

C. TOTAL COSTS: \$368.00 / \$401.00

FLAT FEE. The legal flat fee is: \$450.00

II. <u>FLAT FEE</u>. The legal flat fee is:III. TOTAL DUE.

\$818.00 / \$851.00

An Initial payment \$133.00/\$166.00 leaves \$685.00 due to file case.

IV. PRIVACY WAIVER. Many of the documents we will require and much of the information and due diligence we will have to complete will require our investigation into your personal financial records and all other venues of public data. This could include the Secretary of State, the Criminal Court records, the Civil Court records, the tax assessor's records, and all other sources of information that may be available through the internet (including IRS, IDOR, and census bureau) and other public sources of information. Said information will be used solely on your behalf and as is necessary to adequately represent you in the bankruptcy proceedings filed on your behalf. Should we not represent you said information will not be disclosed to any other person without your permission unless ordered to do so by a court with jurisdiction. Once this information is received we will have to include it in the paperwork necessary to complete the bankruptcy process on your behalf. You hereby authorize us to obtain the necessary information from any source available and further agree to execute any necessary waiver and or permissions required by any third party providers of this information.

V. <u>WE UNDERSTAND</u> THAT THE CASE WILL NOT FILED UNLESS WE PROVIDE THE REQUIRED DOUMENTATION ON TIME AND MAKE THE PAYMENTS AGREED TO ON TIME. SAID FAILURE TO FILE MAY DEPRIVE US OF THE PROTECTION OF THE BANKRUPTCY SYSTEM AND COULD ADVERSELY AFFECT US.

VI. WE UNDERSTAND THAT THE EXECUTION OF THIS AGREEMENT DOES NOT GUARANTEE THAT WE QUALIFY FOR A CHAPTER 7 BANKRUPTCY. NO REPRESENTATION AS TO WHICH CHAPTER WE QUALIFY FOR IS BEING MADE UNTIL THE MEANS TEST CALCULATION IS COMPLETED AND OTHER OUALIFICATIONS FACTORS ARE MET.

VII. IF YOU FAIL TO APPEAR AT THE 341 MEETING AND/OR DO NOT BRING YOUR <u>PHOTO ID</u> AND <u>SOCIAL SECURITY CARD</u> TO THE MEETING AND IT IS NOT HELD, WE WILL CHARGE AN ADDITOINAL \$100.00 FEE TO ATTEND THE NEXT MEETING WHICH MUST BE PAID BEFORE ATTENDING THE MEETING.

| Dated: $3-16-18$ | |
|------------------------|--------------|
| ILLINI LEGAL SERVICES: | C Doved Ward |
| Russel V French | Hathy French |

- VII. WHAT WE WILL DO FOR YOU. Illini Legal Services will provide legal and other services as follow:

 A. PEOPLE INVOLVED. The full bankruptcy process involved many skilled people who work on various stages of your case. Some of the people involved are:
- 1. ATTORNEY. The Attorneys at Illini Legal Services will provide over sight in all aspects of your case, meet with you as is necessary and attend those creditors meeting and court appearances as are agreed. Should legal fees be charges the current hourly rate is \$360.00 per hour.
- 2. PARALEGAL. Illini Legal Services uses the services of paralegals. Paralegals are highly skilled non-attorneys who provide specialized support services. Paralegals are supervised by Attorneys and provide the support services to facilitate the document preparation, information gathering, and other essential tasks necessary in the orderly completion of your Bankruptcy. Should fees be charged they will be \$180.00 per hour.
- 3. SECRETARIAL AND OTHER SUPPORT. Other people are also engaged in helping your successful trip through the bankruptcy process. These include secretaries, and other services. There is no separate hourly charge for these services and their costs are included in the hourly fees charged by Illini Legal Services.
- B. SERVICES PROVIDED. Once you have become our client we will provide among other services the following:
- 1. EXPLANATION OF BANKRUPTCY. We will explain the bankruptcy process and the difference between the types of bankruptcy to you so that you can make a reasoned decision as to what you want to do.

 2. NECESSARY PAPERWORK. We will provide all of the paper work necessary for you
- 2. NECESSARY PAPERWORK. We will provide all of the paper work necessary for you to complete the bankruptcy process. This includes the following:

 3. CREDITOR'S MEETING. In both Chapter 7 and Chapter 13 there is a mandatory
- meeting with the bankruptcy trustee know as the 341 meeting. We will prepare for and attend this meeting with you.

 COURT APPEARANCES. If there are necessary court appearances we will prepare for
- and attend them.

 a. Mundane Court Appearances. Mundane court appearances are routine court matters.

 They are held on court motion calls. Said mundane matters do not include set evidentiary hearings, adversary proceedings, and or other contested matters of an unusual nature.
- b. Adversary Proceedings and highly contested Court Appearances. Adversary
 Proceedings and highly contested Court Appearances are not included in the fee quoted above and there will be extra
 charges which will be discussed with you prior to the attendance of any court appearance. In most instances additional
 legal fees will have to be agreed to and paid.
- 5. AMENDMENTS OF SCHEDULES. We will prepare and file on your behalf any necessary amendments to the paperwork. There may be an additional costs for this service with the court system which your will have to pay prior to the amendments.
- VIII. WHAT WE WILL NOT DO FOR YOU. Without further agreement between Illini and you, there are several things that Illini has not agreed to do. These include:
- A. ADVERSE PROCEEDINGS, CONTESTED MOTIONS, & OBJECTIONS. Should any person, creditor, and or the trustee, file an adversary proceeding, file a contested motion, contest an exemption, or object to a claim, we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- B. ACTIONS CAUSED BY YOUR FAILURE TO LIVE UP TO YOUR AGREED RESPONSIBILITIES. Should you fail to do any of those things you have agreed to do as set forth in this agreement we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney. IX. WHAT YOU MUST DO FOR US. It is immensely important that we have your complete cooperation. All items must be paid, in advance, to Illini and a failure to pay same will result in our withdrawal from your case and may cause documents which must be filed in a timely fashion to be filed late or not all. We are not responsible for the consequences of your failure to get to us the information, whether written, or otherwise, in a timely fashion nor will we represent you in any of the proceedings occasioned by your failure, without further agreement about the representation and the payment of expenses, costs and fees. We cannot do our job for you unless we have the information to be able to deal with in a timely fashion. Not limiting the above, you must do the following:
 - A. ATTEND THE CREDITOR'S MEETING AND ALL COURT PROCEEDINGS ON TIME.

 IF YOU FAIL TO APPEAR OR DO NOT HAVE YOUR SOCIAL SECURITY CARD AND
 PHOTO ID AND WE HAVE TO MAKE AN EXTRA APPEARANCE WE WILL CHARGE
 AN ADDITIONAL \$100.00 WHICH MUST BE PAID BEFORE THE NEXT MEETING.
 - B. PROVIDE ALL DOUMENTRATION REQUESTED TO US WHEN WE REQUEST IT.
 C. LET US KNOW OF ANY CHANGES IN YOUR CIRCUMSTANCES AS THEY MAY
 - OCCUR.

 E. COOPERATE IN A TIMELY FASHION WITH THIRD PARTIES NECESSARY TO THE SUCCESSFUL COMPLETTION OF YOUR CASE

United States Bankruptcy Court Northern District of Illinois

| In re | Russell French, Jr. Kathryn French | | Case No. | |
|-------|------------------------------------------|------------------------------------------|-------------------|---------------------------|
| | Raunyn i Tench | Debtor(s) | Chapter | 7 |
| | V | ERIFICATION OF CREDITOR M | MATRIX | |
| | | Number o | f Creditors: | 25 |
| | The above-named Debtor((our) knowledge. | s) hereby verifies that the list of cred | itors is true and | correct to the best of my |
| | May 16, 2018 | /s/ Russell French, Jr. | | |
| Date: | , | Russell French, Jr. Signature of Debtor | | |